

**Department of Criminal Justice Services (DCJS)
Victims Services Section (VSS)
Grant Funded Programs
Program Change Form**

Program Name: _____

Program Grant #: _____

Reason for completing programmatic change form:

☐ Employee Separation ☐ New Staff ☐ Extended Leave (**longer than one week**)

☐ Other: _____

Separation/Hiring of Staff

Name & Position of Staff Leaving Program: _____

Effective Date: _____

Name & Position of New Staff: _____

Effective Date: _____

Please also be sure to fill out a Directory Information Update Form so that contact information for new staff can be updated when the Directory is revised. This form can be found on DCJS's website. From www.dcls.virginia.gov, select "Victims Services" and then "Forms."

Extended Leave

Anticipated Dates of Absence for Extended Leave:

Is anyone assisting with your caseload during your absence? Yes ☐ No ☐

If yes, please list name & contact information:

If you are a DCJS funded Victim/Witness program and you would like to refer victims to DCJS's **Crime Victim Assistance INFO-LINE** during your absence, please contact
Carla Wagstaff, INFO-LINE Coordinator at (804) 225-3453.

This form was developed by the Victims Services Section to enable grant funded Victim/Witness, VSTOP, Sexual Assault and Domestic Violence Victim Fund Programs to notify DCJS about any changes that might occur in personnel. Please contact your VSS grant monitor if you have questions about when and how to complete this form. This form may be mailed, e-mailed or faxed to your grant monitor.